

PERMIT #		ISSUE DATE	
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PLANNING & DEVELOPMENT SERVICES
Building & Code Compliance Division

BUILDING PERMIT
SUB-CONTRACTOR AGREEMENT

St. Lucie County Contractor Certification Number: _____

State of Florida Certification Number (If applicable): _____

_____ have agreed to be the
 (Company Name/Individual Name)
 _____ Sub-contractor for _____
 (Type of Trade) (Primary Contractor)

For the project located at _____
 (Project Street Address or Property Tax ID #)

It is understood that, if there is any change of status regarding our participation with the above mentioned project, I will immediately advise the Building and Zoning Department of St. Lucie County by filing a Change of Sub-contractor notice. (Form: SLCCDV (No. 004-00))

BUSINESS QUALIFIER (Name of the Individual shown on the Contractor's License)

NOTARIZED SIGNATURES ARE REQUIRED

Business Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ email: _____

SIGNATURE **PRINT NAME** **DATE**

STATE OF FLORIDA, COUNTY OF _____

THE FOREGOING INSTRUMENT WAS SIGNED BEFORE ME THIS _____ **DAY OF** _____, **20** _____
BY _____ **WHO IS PERSONALLY KNOWN** _____ **OR HAS**
PRODUCED _____ **AS IDENTIFICATION.**

(STAMP)

SIGNATURE OF NOTARY PUBLIC **PRINT NAME OF NOTARY PUBLIC**

SLCPDS: 12/16/2013